





# MEMBERS ALLOWANCE CLAIM FORM

For the Month of FEB 2013

Name Mrs G. Noyes

WYCHAVON DISTRICT COUNCIL  
28 MAR 2013  
RECEIVED  
POST ROOM

**WYCHAVON DISTRICT COUNCIL**  
good services, good value

Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
<del>19/2</del>	COUNCIL	WDC	5:00 D'wick	9:00 D'wick	26	
<del>22/2</del>	SCRUTINY EVENT	WDC	2:15 Home	5:15 Home	26	
<del>27/2</del>	LICENSING	WDC	1:00 Home	3:30 Home	26	

 £

The front of this claim form will be available for members of the public to view  
NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF



